

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 700136.405C1																		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																				
Application Number 09/986,509		Filed November 9, 2001																		
For TREATMENT OR REDUCTION OF MENOPAUSAL SYMPTOMS																				
Art Unit 1616		Examiner John D. Pak																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 25%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65 \$_____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245 \$_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555 <u>\$1110</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865 \$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175 \$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>64,911</u></p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">/Mark E. Rogel/</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Signature</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Mark E. Rogel, J.D.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p>November 23, 2010</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Date</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>206-622-4900</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p>				<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$_____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$_____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 <u>\$1110</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$_____
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